



MISSION

The Wellington Citizens Volunteer Organization is a community partnership that strives to bring together citizens and their government in order to accomplish projects and initiatives to improve the community and enhance the quality of life and public safety.

To become a member of the CVO and help your community, please visit www.ci.wellington.fl.us today or contact Stacy Somers, CVO President at 561-753-2476 or email mtuckwood@ci.wellington.fl.us.



THE VILLAGE OF
WELLINGTON

AREAS TO VOLUNTEER

- | | |
|---|---|
| <input type="checkbox"/> Crime walks | <input type="checkbox"/> Special Events to promote community awareness |
| <input type="checkbox"/> Beautification projects | <input type="checkbox"/> Distribution of supplies pre/post hurricane or other event |
| <input type="checkbox"/> Non-political fund raising | <input type="checkbox"/> Serve on boards and/or committee or act as project leader |

Neighborhood Clean-up Graffiti Litter Control Landscape

Citizen Assistance Elderly Outreach Handicap Other

No preference

Other (please specify) _____

PREFERRED AVAILABILITY

Please Circle Day(s) available, note daily times and indicate am/pm

Monday	AM	Tuesday	AM	Wednesday	AM	Thursday	AM	Friday	AM	Saturday	AM	Sunday	AM
	PM		PM		PM		PM		PM		PM		PM

Best Time to contact _____

VOLUNTEER INFORMATION

Preferred method to contact: Email Fax Home Cell

Name: _____

Address: _____	Apt: _____
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City: _____	State: _____	Zip: _____
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Home Phone #: _____	Cell Phone # _____	Fax # _____
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Subdivision Name _____	e-mail address _____
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SPECIAL TALENTS/SKILLS

Professional _____ Trade _____ Support _____ Other _____

AUTHORIZATION TO CONDUCT REFERENCE CHECKS AND RELEASE OF LIABILITY

Have you ever been convicted of a crime either as a juvenile or as an adult (including misdemeanors)?

No Yes If **yes**, describe in full a summary of offenses (if necessary attach additional paper)

I, the undersigned, authorize any and all inquiries as to my character, reputation and ability and release those supplying information from all liability. Such inquiries may include a criminal record check, college or high school transcripts and driver's license check. If accepted as a volunteer, I hereby comply with all rules and regulations of the Village of Wellington and the department where assigned.

I understand that volunteering for the Village of Wellington may require the taking of fingerprints and background checks, providing of other identification or certification which may include drug testing as deemed necessary by the Village of Wellington.

RELEASE OF LIABILITY

In consideration of the furtherance of the Village of Wellington purposes, objectives and work, and in consideration of the Village of Wellington permitting me to participate as a volunteer, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages I may have against the Village of Wellington as well as any other person connected with the Village of Wellington, their heirs, executors, administrators and assigns for any and all injuries I may suffer while performing volunteer services for the Village of Wellington or as a result thereof.

Signature of Volunteer Applicant (Signature of Parent or Guardian, if under 18) **Date** (MM/DD/YY)

Emergency Contact _____ Phone _____ Relationship _____

Thank you for completing this volunteer application. Completed applications can be sent via:

 Drop Off In Person

Attn: CVO
14000 Greenbriar BLVD
Wellington, FL 33414

 Mail

Attn: CVO
14000 Greenbriar BLVD
Wellington, FL 33414

 Fax

Attn: CVO
561-791-4045

 Email

mtuckwood@ci.wellington.fl.us

Thank you for your interest in volunteering to create tomorrow's community today. Volunteerism is an opportunity to mentor the residents of our community while promoting positive service.